

Fifth Session - Thirty-Ninth Legislature
of the
Legislative Assembly of Manitoba
Standing Committee
on
Human Resources

Chairperson
Mr. Daryl Reid
Constituency of Transcona

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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Ninth Legislature

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<i>Vacant</i>	Lac du Bonnet	

LEGISLATIVE ASSEMBLY OF MANITOBA
THE STANDING COMMITTEE ON HUMAN RESOURCES

Thursday, June 9, 2011

TIME – 6 p.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – Mr. Daryl Reid (Transcona)

VICE-CHAIRPERSON – Mr. Gerard Jennissen (Flin Flon)

ATTENDANCE – 11 QUORUM – 6

Members of the Committee present:

Hon. Messrs. Bjornson, Chomiak, Hon. Ms. Oswald, Hon. Mr. Rondeau, Hon. Ms. Selby

Mrs. Driedger, Messrs. Eichler, Jennissen, Reid, Mmes. Rowat, Taillieu

Substitutions:

Hon. Mr. Ashton for Hon. Mr. Chomiak

Hon. Mr. Chomiak for Hon. Mr. Ashton at 7:13 p.m.

APPEARING:

Hon. Jon Gerrard, MLA for River Heights

PUBLIC PRESENTERS:

Bill 26–The Université de Saint-Boniface Act

*Mr. Jeff Leclerc, University of Manitoba
Mr. Léo Robert, Collège universitaire de Saint-Boniface*

Mr. Daniel Boucher, Société franco-manitobaine

Bill 20–The Defibrillator Public Access Act

Ms. Diana Bayles, Heart and Stroke Foundation

Bill 21–The Organ and Tissue Donation Awareness Day Act

Dr. Brendan McCarthy, Transplant Manitoba

Bill 42–The Caregiver Recognition Act

Mr. Darell Hominuk, Multiple Sclerosis Society of Manitoba

Ms. Syva-lee Wildenmann, Rupert's Land Caregiver Services

Ms. Nadine Konyk, private citizen

WRITTEN SUBMISSIONS:

Bill 20–The Defibrillator Public Access Act

Jodi Possia, Paramedic Association of Manitoba

Bill 26–The Université de Saint-Boniface Act

Edward Lipsett, private citizen

MATTERS UNDER CONSIDERATION:

Bill 20–The Defibrillator Public Access Act

Bill 21–The Organ and Tissue Donation Awareness Day Act

Bill 24–The Innovation Funding Act

Bill 26–The Université de Saint-Boniface Act

Bill 38–The Regional Health Authorities Amendment Act (Accountability and Transparency)

Bill 42–The Caregiver Recognition Act

Bill 50–The Thompson Nickel Belt Sustainability Act

* * *

Mr. Deputy Clerk (Rick Yarish): Good evening. Will the Standing Committee on Human Resources please come to order.

Before the committee can proceed with the business before it, it must elect a new Chairperson. Are there any nominations for this position?

Hon. Theresa Oswald (Minister of Health): Yes, I would like to nominate Mr. Reid.

Mr. Deputy Clerk: Mr. Reid has been nominated as Chairpersons. Are there any further nominations?

Seeing none, Mr. Reid, please take the chair.

Mr. Chairperson: Good evening, everyone.

The next item of business is the election of a Vice-Chairperson. Are there any nominations?

Ms. Oswald: Well, I would like to nominate Mr. Jennissen.

Mr. Chairperson: Mr. Jennissen has been nominated as a Vice-Chairperson for this committee. Are there any further nominations?

Seeing no further nominations, Mr. Jennissen is nominated as the Vice-Chairperson.

Committee Substitution

Mr. Chairperson: There is a membership substitution for this committee: Mr. Ashton for Mr. Chomiak.

* * *

Mr. Chairperson: This meeting has been called to consider the following bills: Bill 20, The Defibrillator Public Access Act; Bill 21, The Organ and Tissue Donation Awareness Day Act; Bill 24, The Innovation Funding Act; Bill 26, The Université de Saint-Boniface Act; Bill 38, The Regional Health Authorities Amendment Act (Accountability and Transparency); Bill 42, The Caregiver Recognition Act; and Bill 50, The Thompson Nickel Belt Sustainability Act.

How long does the committee wish to sit this evening?

Mrs. Mavis Taillieu (Morris): Yes, until the bills are all finished, Mr. Chairperson.

Mr. Chairperson: It's been suggested by Mrs. Taillieu that the committee sit until all the work of this committee is completed this evening. Is that agreed? *[Agreed]*

We have a number of presenters registered to speak tonight as noted on the lists of presenters before each of the committee members. And I will note that we do have out-of-town presenters in attendance, and they are marked with an asterisk on the list before you.

As well, we have a request from Léo Robert and Daniel Boucher, presenters 2 and 3 for Bill 26, and they wish to make their presentations en français. We do have translation staff on hand to accommodate consecutive translation. With these considerations in mind, in what order does the committee wish to hear the presentations?

Mrs. Taillieu: I think it's traditionally done that we do the out-of-town presenters first and then proceed to the in-town presenters.

Ms. Oswald: As I look at the lists that have been provided for us up to date, I see stars next to the names that are going to require translation, but I'm not seeing any out-of-town presenters. So shall we proceed numerically then?

Mr. Chairperson: Would it be the will of the committee to have the presenters that require translation services to present first so that we would have some further discussion on our translation staff that are here? *[Agreed]* Thank you.

For information of committee members, I'll read into the record the names that we have and for our folks that are with us this evening—our presenters on the bills before us.

Bill 20, The Defibrillator Public Access Act. We have Alex Forrest, United Firefighters of Winnipeg; Diana Bayles, Heart and Stroke Foundation; and Chris Broughton, The Manitoba Government General Employees Union-Local 911.

Bill 21, The Organ and Tissue Donation Awareness Day Act. We have Dr. Brendan McCarthy, Transplant Manitoba; and Kristin Millar, private citizen.

Bill 26, The Université de Saint-Boniface Act. We have Jeff Leclerc, University of Manitoba; Léo Robert, chair of Board of Governors, St. Boniface College; and Daniel Boucher, Société franco-manitobaine.

And for Bill 42, The Caregiver Recognition Act. We have Darell Hominuk, Multiple Sclerosis Society of Manitoba; Syva-lee Wildenmann, Rupert's Land Caregiver Services; and Nadine Konyk, private citizen.

That is the list of names I have before me.

If there's anyone else in the audience that wishes to make a presentation this evening, would you please see the clerk at the entrance to this committee room and we'll add your name to the list to give you the opportunity to make a presentation here this evening.

Also, before we start with our presenters, for the information of all presenters, while written versions of presentations are not required, if you are going to accompany your presentation with written materials we ask that you provide 20 copies. And, if you do not have 20 copies with you, please see our staff at the entrance to this room and we'll assist you with photocopying.

As well, I would like to inform presenters that in accordance with our rules for this committee, we have a time allotment of 10 minutes for presentations with an additional five minutes allowed for questions and answers from various committee members.

Also, in accordance with our rules, if a presenter is not in attendance when their name is called they will be dropped to the bottom of the list and when their name is called the second time, their name will be struck from the list.

We also have received, for information of committee members, written submissions from the following persons who have been received and distributed to you.

We have submissions from Jodi Possia, chair, Paramedic Association of Manitoba, on Bill 20, and Edward H. Lipsett on Bill 26.

Is there leave of this committee to allow these presentations to appear in the *Hansard* transcripts of these proceedings? *[Agreed]*

Also, for our audience who is with us here this evening, as a part of our process in these committees, I'd like to advise you that these meetings are being recorded and there's a—in order to provide a verbatim transcript, and the good folks that are sitting just behind me here will have to turn the microphones on and off. And I would first have to recognize you by name, and that includes the various committee members here as well, to allow that folks to turn the microphones on and off.

Thank you for your patience and we'll now proceed with the public presentations.

* (18:10)

Bill 26—The Université de Saint-Boniface Act

Mr. Chairperson: We'll start with Bill 26, The Université de Saint-Boniface Act.

We have first Jeff Leclerc, the University of Manitoba.

Good evening, sir. Do you have a written presentation?

Mr. Jeff Leclerc (University of Manitoba): I do.

Mr. Chairperson: Just give us a moment to distribute, and then I'll give you the signal to proceed.

Proceed, Mr. Leclerc, when you're ready.

Mr. Leclerc: Thank you, Mr. Chair, Madam Minister, members of the committee. Thank you for the opportunity to appear this evening to speak to Bill 26.

My name is Jeff Leclerc, and I'm the university secretary at the University of Manitoba and appear here tonight on behalf of the university to express our support for this legislation.

As Minister Selby noted in the House during second reading, the collège has a long history of educational excellence in our province, predating the founding of Manitoba, in fact, and was indeed one of the founders of the University of Manitoba in 1877. The University of Manitoba is pleased to support this step in the evolution of an institution that does so much to promote the public good in Manitoba, particularly within our francophone communities.

The changes proposed in Bill 26 will provide CUSB a name that is commensurate with the role they play in the province and a clearly defined bicameral governance structure that is the norm amongst Canadian universities. The language in the bill around governance, in particular, around the role and composition of the board, the senate and the president, as well as definitions of general powers and purposes are clear, concise and worthy of emulation in the statutes of other universities around the province.

Bill 26 maintains the affiliation between the collège and the University of Manitoba while allowing CUSB to affiliate with other institutions. We recently renewed our affiliation agreement to 2023, and while we are pleased to see the affiliation enshrined in the legislation, we are confident that the affiliation would continue in any event because of the long relationship we share with the collège. The affiliation between the U of M and CUSB is a model for institutional co-operation between post-secondary institutions in Manitoba, and we are fortunate to be a part of it.

President David Barnard and I have had the chance to meet with President Raymonde Gagné and university secretary, Stéphane Dorge, of the collège to discuss these changes, and we are most supportive. The University of Manitoba appreciates the excellent working relationship that exists between our two institutions and looks forward to continuing to work together to provide educational opportunities and serve as innovation engines for the province of Manitoba.

Happy to answer questions.

Mr. Chairperson: Thank you, Mr. Leclerc, for your presentation this evening.

Questions of the presenter? Any comments?
None?

Thank you very much for your presentation, sir.

Next presenter we have for Bill 26 is Léo Robert, chair of the board of directors, St. Boniface College. Welcome, sir.

Floor Comment: Thank you.

Mr. Chairperson: Please proceed, Mr. Robert.

Mr. Léo Robert (Collège universitaire de Saint-Boniface): Monsieur le président, chers membres du comité, bonsoir. Je me nomme Léo Robert et je suis le président du Bureau des gouverneurs du Collège universitaire de Saint-Boniface.

I wish to thank all committee members for allowing me to speak in strong support of Bill 26, The Université de Saint-Boniface Act.

L'appellation Université est un statut auquel aspirent depuis longtemps le Collège, la communauté francophone et ses nombreux collaborateurs internes et externes. Ce projet de loi reflète le rôle moderne du collège en tant qu'unique université francophone du Manitoba et nous aidera à mieux répondre aux besoins de notre clientèle étudiante.

L'appellation Université de Saint-Boniface reflète l'évolution de l'établissement depuis sa fondation et réaffirme son statut d'université de premier choix, sur le même pied d'égalité que d'autres universités du Manitoba. Cette nouvelle appellation est fidèle à la vision du Bureau des gouverneurs et à la quête d'excellence qui est la marque de distinction de Saint-Boniface depuis 1818.

La nouvelle loi donnera à notre établissement les outils nécessaires pour continuer à répondre aux besoins de la clientèle étudiante actuelle et à ceux des générations futures, en adoptant une structure organisationnelle et un ensemble de règles qui lui permettront d'élaborer une gamme étendue de programmes d'études postsecondaires pour les étudiantes et les étudiants qui souhaitent recevoir une formation en français.

En tant que cofondateur de l'université du Manitoba, le collège accorde une grande importance à son affiliation avec celle-ci. Nous sommes heureux

de voir que cette affiliation historique demeure enchâssée dans la loi.

La nouvelle loi donnera à l'Université de Saint-Boniface le droit de créer des ententes ou des affiliations avec d'autres établissements d'enseignement postsecondaire, ce qui lui permettra de diversifier son choix de programmes et de mieux répondre aux besoins de la clientèle étudiante.

En 2005, le Bureau des gouverneurs a communiqué cinq principes importants au Gouvernement du Manitoba lors des modifications de la loi constituante. Dans les consultations entreprises au cours de la dernière année, es principes ont été appuyés par nos partenaires internes et externes, c'est-à-dire la Société franco-manitobaine, l'Archidiocèse de Saint-Boniface, l'Université du Manitoba, la Canadian Parents for French, l'Association des professeurs du Collège universitaire de Saint-Boniface et l'Association étudiante du Collège universitaire de Saint-Boniface. Leur appui a été communiqué soit par voie de lettre ou de vive voix auprès de la Ministre.

Les cinq principes d'importance capitale pour le Bureau des Gouverneurs sont les suivants: un changement du nom à Université de Saint-Boniface; le maintien de l'affiliation avec l'Université du Manitoba avec le droit de conclure des ententes avec d'autres établissement postsecondaires; le statu quo par rapport à la taille du Bureau des gouverneurs, soit 15 membres; un sénat constitué en bonne et due forme et conforme à d'autres lois d'enseignement postsecondaire au Manitoba; et finalement la reconnaissance de la langue française comme langue de travail et langue des examens.

Nous sommes très heureux et reconnaissant de constater que le projet de loi 26 respecte chaque principe avancé par le Bureau des gouverneurs et ses partenaires internes et externes. Nous appuyons donc le projet de loi sans réserves et attendons avec anticipation son entrée en vigueur le 1^{er} septembre de cette année.

Translation

Good evening, Mr. Chair, committee members. My name is Léo Robert and I am the chair of the Board of Governors of the Collège universitaire de Saint-Boniface, CUSB.

I wish to thank all committee members for allowing me to speak in strong support of Bill 26, The Université de Saint-Boniface Act.

The name université is a status to which the CUSB, the francophone community, and its many internal and external partners have long been aspiring. This bill reflects the CUSB's modern role as Manitoba's only francophone university and will help us better meet the needs of our student clientele.

The name Université de Saint-Boniface reflects the institution's evolution since its founding and reaffirms its status as a full-fledged university, on the same footing as other Manitoba universities. This new name faithfully reflects the vision of the board of governors and the search for excellence that has been St. Boniface's mark of distinction since 1818.

The new act will give our institution the tools necessary to continue to meet the needs of the current student clientele and those of future generations, by adopting an organizational structure and set of regulations that will enable it to develop a broad range of post-secondary study programs for students who wish to receive a French-language education.

As a co-founder of the University of Manitoba, the CUSB places great importance on its affiliation with that institution. We are pleased to see that this historic affiliation remains entrenched in the act.

The new act will give the Université de Saint-Boniface the right to establish agreements or affiliations with other institutions of post-secondary education, which will enable it to diversify its selection of programs and better meet the needs of the student clientele.

In 2005, the board of governors communicated five important principles to the government of Manitoba at the time the incorporating act was being amended. During the consultations that took place in the past year, these principles were supported by our internal and external partners, namely, the Société franco-manitobaine, the Archdiocese of St. Boniface, the University of Manitoba, Canadian Parents for French, the CUSB faculty association and the CUSB students' association. Their support was communicated either orally or in writing.

The five principles of critical importance to the board of governors are the following: changing of the name to Université de Saint-Boniface; maintenance of the affiliation with the University of Manitoba, with the right to enter into agreements with other post-secondary institutions; the status quo in terms of the size of the board of governors, namely, 15 members; a senate duly constituted in

accordance with other legislation on post-secondary education in Manitoba; and finally, recognition of the French language as the language of work and examinations.

We are very pleased and grateful to see that Bill 26 respects each of the principles put forward by the board of governors and its internal and external partners. We therefore support this bill without reservation and eagerly await its coming into force on September 1 of this year.

English

I thank you all for your time and your attention and I would be pleased to answer any questions that you may have.

Mr. Chairperson: Thank you very much, Mr. Robert, for your presentation this evening. Questions of the presenter? Thank you. Merci beaucoup. Oh, Mr. Ashton, sorry, I didn't see you down there.

Hon. Steve Ashton (Minister of Infrastructure and Transportation): Merci pour votre présentation. Pour nous, c'est un développement important pour le collège universitaire et pour la communauté francophone au Manitoba. C'est un important développement pour une communauté diverse, forte et avec un avenir. Maintenant, c'est la raison pour la province du Manitoba. Merci beaucoup.

Translation

Thank you very much for your presentation. For us, this is an important development for the CUSB and for Manitoba's francophone community. It is an important development for a strong, diverse community with a promising future. Now, that's the reason for the province of Manitoba. Thank you very much.

Mr. Robert: Ça fait longtemps que la communauté francophone espère d'être reconnue officiellement comme université parce qu'on comprend que, en français, le mot collège n'a pas la même définition qu'en anglais. Alors il y a une ambiguïté qui existe lorsqu'on fait notre recrutement qui nous nuit un petit peu dans notre recrutement. Alors on est heureux aussi de ça va créer aussi un sens de fierté dans la communauté pour notre institution postsecondaire.

Translation

The francophone community has been hoping for official recognition as a university for a long time as

it understands that the French word collègue doesn't have the same definition as its English cognate. As a result, there is an ambiguity when we try to recruit students, that hurts our cause a bit. So we're also happy that—it's also going to create a sense of pride in the community with respect to our post-secondary institution.

Mr. Chairperson: Any further questions for the presenter? Seeing none, thank you very much, sir.

Mr. Robert: Merci beaucoup.

Mr. Chairperson: Next presenter we have listed for Bill 26 is Daniel Boucher, Société franco-manitobaine. Welcome, sir. Please proceed when you're ready, Mr. Boucher.

Mr. Daniel Boucher (Société franco-manitobaine): Thank you. Bon soir, good evening.

Je suis Daniel Boucher, président-directeur général de la Société franco-manitobaine. Permettez-moi de vous remercier pour cette occasion de vous faire part de nos commentaires sur le projet de loi 26, Loi sur l'Université de Saint-Boniface.

À titre d'organisme porte-parole de la communauté francophone du Manitoba, la Société franco-manitobaine est impliquée dans tous les domaines d'activités de la communauté touchant le développement de notre économie, la formation de notre population francophone, l'établissement de liens entre nos communautés rurales et urbaines, la promotion de notre expression culturelle et artistique, la valorisation du français et la promotion des services en français.

Aujourd'hui, au nom de la communauté francophone de la province, la Société franco-manitobaine désire exprimer son appui sans réserve au projet de loi 26, Loi sur l'Université de Saint-Boniface, déposé par la ministre de l'Enseignement postsecondaire et de l'Alphabétisation, vénérable Erin Selby, à l'Assemblée législative manitobaine le 28 avril dernier. Nous sommes heureux avec le changement de nom et de statut proposé qui verrait dorénavant le Collège universitaire de Saint-Boniface reconnu sous la dénomination d'Université de Saint-Boniface. Ce nouveau statut outillerait davantage l'établissement à jouer un rôle moderne et à accomplir sa mission unique en tant qu'université de langue française au Manitoba. L'Université de Saint-Boniface serait d'autant plus en mesure de répondre aux besoins des étudiantes et étudiants, des professeurs, des

gestionnaires de l'établissement et de la collectivité francophone dans son ensemble. Notre appui s'étend également aux autres clauses du projet de loi, plus précisément, l'affiliation continue avec—à l'Université du Manitoba, de même que la possibilité d'établir des affiliations avec d'autres universités, collèges et établissements de recherche ou d'enseignement. Les propositions entourant le bureau des gouverneurs, le sénat et les fonctions et pouvoir de la rectrice répondent, à notre avis, aux besoins et exigences énoncés par l'ensemble des intervenants et intervenantes ayant participé au processus de consultation.

En effet, les modifications proposées découlent d'un processus de consultation qui a été entamé depuis plusieurs années déjà et qui a été mené auprès de plusieurs groupes intéressés. Nous tenons à féliciter et remercier le bureau des gouverneurs du Collège universitaire de Saint-Boniface—ou maintenant, l'université, ou bientôt, l'Université de Saint-Boniface—et la rectrice, Madame Raymonde Gagné, pour le travail de consultation qu'ils ont mené avec sérieux et inclusivité à l'intérieur de l'établissement et auprès des intervenants externes dans la communauté et des partenaires dans le monde universitaire. Nous avons la ferme certitude que ce processus, qui comprenait l'appui de l'Association étudiante du Collège universitaire de Saint-Boniface, de l'Association des professeurs du Collège universitaire de Saint-Boniface et de la communauté, a permis l'élaboration d'un projet de loi qui reflète les—reflète les exigences énoncées lors de la consultation.

En 2005, la Société franco-manitobaine s'est prononcée devant un comité législatif—et je vous reconnais des visages de 2005—lors des audiences sur cette même question et notre point de vue n'a pas changé. Au sein de la communauté, notre collège est déjà une université et il s'agit tout simplement de le confirmer et de le solidifier en portant ce changement à son nom et à son—et son statut. Je cite M. Léo Robert, président du bureau des gouverneurs du Collège universitaire de Saint-Boniface, qui résume parfaitement la volonté de la communauté lorsqu'il dit, et je cite, « L'appellation « université » est un statut auquel aspirent depuis longtemps le collège, la communauté francophone et ses nombreux collaborateurs internes et externes. Il s'agit d'une suite logique de notre évolution: du statut de collège à celui de collège universitaire puis à celui d'université. Le nom « Université de Saint-Boniface » est porteur d'un message de fierté et de

confiance. Symbolique, il marque un jalon important dans la longue histoire de l'établissement ». Fin de citation. C'est également un grand pas pour la communauté qui est prête à marcher fièrement sous la bannière de l'Université de Saint-Boniface. D'ailleurs, malgré que le projet de loi n'ait pas encore été adopté formellement par l'Assemblée législative, la communauté utilise déjà la nouvelle appellation, Université de Saint-Boniface. Vous nous pardonnerez ce geste précipité, mais sachez qu'il est fait de bonne foi.

Je vous remercie pour cette occasion de faire valoir notre point de vue sur le—sur ce projet de loi qui représente un moment historique et marquant pour l'ensemble de la communauté francophone du Manitoba. Merci beaucoup, thank you very much.

Translation

My name is Daniel Boucher, and I am the executive director of the Société franco-manitobaine, SFM. Thank you for this opportunity to express our views on Bill 26, The Université de Saint-Boniface Act.

As the organization representing Manitoba's francophone community, the SFM is involved in all areas of activity related to francophone economic development and training, the establishment of ties between rural and urban communities, the fostering of cultural and artistic expression, and the promotion of the French language and services in French.

Today, on behalf of the province's francophone community, the SFM would like to voice its unequivocal support for Bill 26, The Université de Saint-Boniface Act, tabled by the Minister of Advanced Education and Literacy, the Honourable Erin Selby, in the Legislative Assembly on April 28. We are pleased with the proposed change in name and status, which would result in the Collège universitaire de Saint-Boniface, CUSB, being renamed Université de Saint-Boniface. The new status would give the institution more tools to enable it to modernize and carry out its unique mission as Manitoba's French-language university. The Université de Saint-Boniface would also be better able to meet the needs of its students, faculty and administrators, as well as those of the francophone community as a whole. We also support the other provisions of the Bill, more specifically the continued affiliation with the University of Manitoba and the ability to establish affiliations with other universities, colleges and research and teaching institutions. In our view, the recommendations regarding the board

of governors, the senate and the duties and powers of the president meet the needs and requirements expressed by all the stakeholders who took part in the consultation process.

Indeed, the proposed amendments stem from a consultation process that was initiated a number of years ago and involved several interested groups. We want to congratulate and thank the board of governors of the CUSB—or now the université, or soon to be, Université de Saint-Boniface—and the president, Ms. Raymonde Gagné, for their serious and inclusive consultation work within the institution and with outside community stakeholders and academic partners. There is no doubt in our mind that it was this process, which also had the support of the CUSB's student and faculty associations, as well as the community, that led to a bill that reflects the requirements stated during the consultation. In 2005, the SFM spoke before a legislative committee—and I recognize some of the faces from 2005—at hearings on this same topic, and our perspective has not changed. The community already sees the CUSB as a university and changing its name and status simply confirms and officialises things. I would like to quote Léo Robert, chair of the CUSB board of governors, who perfectly summarizes the will of the community when he says, and I quote, “The name Université is a status to which the CUSB, the francophone community, and its many internal and external partners have long been aspiring. It's a logical step in our evolution: from the status of college, to university college, and now to university. The title Université de Saint-Boniface conveys pride and confidence. It is a symbol that marks an important step in the institution's long history.” End of quote. It is also a big step for the community, who is ready to rally proudly around the Université de Saint-Boniface banner. In fact, although the Legislative Assembly has not yet officially passed the Bill, the community is already using the new title Université de Saint-Boniface. We may have gotten ahead of ourselves, but please understand that it is done in good faith.

Thank you for this opportunity to speak to this bill. This is an historic and memorable moment for the entire francophone community of Manitoba. Thank you very much.

Mr. Chairperson: Merci beaucoup, M. Boucher. Questions for the presenter?

Hon. Erin Selby (Minister of Advanced Education and Literacy): I just wanted to say merci beaucoup

to all the presenters here this evening and, also, if I could say merci beaucoup beaucoup to CUSB president Raymonde Gagné, who is with us, as well faculty administration and the students of CUSB, and merci to the members of the francophone community in Manitoba for all their input and help on this legislation. So merci.

Mr. Chairperson: Any further comments or questions? Seeing none, thank you, Mr. Boucher.

Mr. Boucher: Merci. Thank you.

* (18:20)

Mr. Chairperson: That concludes the French presentations we have listed before the committee members. Are there any members of our audience with us here this evening that wish to make a presentation en français?

Seeing none, is it the will of the committee that the work of our translators is completed here this evening so that we may allow them to leave?
[Agreed]

Bill 20—The Defibrillator Public Access Act

Mr. Chairperson: We'll now proceed with Bill 20, The Defibrillator Public Access Act.

And the first presenter's name we have listed is Alex Forrest, United Fire Fighters of Winnipeg. Is Mr. Forrest with us here this evening? Paging Mr. Forrest. Seeing that Mr. Forrest is not here, his name will be dropped to the list—to the bottom of the list.

Next presenter we have shown is Diana Bayles, Heart and Stroke Foundation. Good evening. Welcome. Do you have a written presentation I take it?

Ms. Diana Bayles (Heart and Stroke Foundation): I do.

Mr. Chairperson: Just give us a moment to distribute. Then I'll give you the signal.

Please proceed, Ms. Bayles.

Ms. Bayles: Good evening. My name is Diana Bayles and I'm here representing the Heart and Stroke Foundation of Manitoba as a resuscitation and AED program manager. I would also like to introduce Jackie Zalnasky, vice-president of Health Promotions for the Heart and Stroke Foundation of Manitoba.

The Heart and Stroke Foundation of Manitoba wants to commend the provincial government and all

the parties involved for taking a leadership role in introducing Bill 20, The Defibrillator Public Access Act.

The introduction and the passing of this bill will be a major step forward in helping to save the lives of many Manitobans. Ensuring that the public has access to an automated external defibrillator, or AED, which just requires them to press a button when instructed to do so by the machine, has the potential to decrease response time to providing help in a life-threatening situation. It also buys time in this cardiac arrest situation until emergency medical services, or EMS, personnel, arrive on the scene. This a very important time saved.

A sudden cardiac arrest is a sudden and unexpected loss of heart function. As many as 45,000 cardiac arrests occur each year in Canada. This is approximately one every 12 minutes. In Manitoba, far too many people also die each year of sudden cardiac arrest. It should be noted that heart disease and stroke are the leading cause of death in Manitoba, accounting for nearly 3,700 deaths each year. Many of these deaths in Winnipeg are the result of a cardiac arrest. We learned that Winnipeg 911 receives approximately three cardiac arrest calls per day. Not all of these people suffering from a cardiac arrest survive.

Up to 85 per cent of all cardiac arrests occur in public settings or homes. Less than 5 per cent of those who suffer a cardiac arrest, outside a hospital, survive.

For every minute delay in defibrillation, the survival rate of a cardiac arrest victim decreases by 7 to 10 per cent.

The automatic external defibrillator is an electronic device used to identify heart rhythms and deliver a shock to correct abnormal electrical activity in the heart. The defibrillator will only deliver a shock if the heart is in a rhythm which can be corrected by defibrillation. You cannot harm a person by pressing the button because it won't shock the person unless it has identified a shockable rhythm, but you may actually save a life.

The use of an AED with CPR before the arrival of EMS can increase the individual's chance of survival by up to 75 per cent. It's important to note that in a recent study, survival rates were highest when automated external defibrillation was performed by a lay person, indicating that starting

CPR and using an AED as soon as possible is essential to potentially saving a life.

Bill 20, The Defibrillator Public Access Act, outlines the requirements and obligations for making AEDs publicly accessible. For many years the foundation has been advocating for the placement of AED in all public places and we encourage all Manitobans to learn CPR.

We are looking forward to the day when in any public space, it will simply be impossible to imagine a time when there was not a readily available AED. We want them to be as commonplace as fire extinguishers.

* (18:30)

Therefore, we at the Heart and Stroke Foundation of Manitoba support this bill and the need for requiring defibrillators to be installed and maintained in public spaces, such as high-traffic public schools, airports, recreation centres and other public places where people gather in large numbers. The need to post signs about the location of the defibrillator and registering the installation of an AED with the designated register, which is, at this time, is HFSM, is an insightful requirement of Bill 20. An AED is of no use to anyone if no one knows there is one on the premises, or if the EMS is notified of an emergency and they have no information about an AED being accessible to the caller in order to advise them to go and get it and assist them in using it if need be.

Maintenance of an AED is also a very important part of this act. An AED that is not in working order will be of no use to anyone when needed. We applaud the government for including these provisions in the act. Manitobans do not have to die of cardiac arrest. With The Good Samaritan Protection Act in place and the newly proposed Bill 20, no persons need to be afraid to lend a helping hand to someone who suddenly collapses or experiences a cardiac arrest.

We strongly urge the passing of this legislation and the sooner the better because every unnecessary loss of life is a tragedy. Thank you.

Mr. Chairperson: Thank you, Ms. Bayles, for your presentation. Questions of the presenter?

Mrs. Leanne Rowat (Minnedosa): And I want to thank Diana for your presentation today, and it's nice to see Debbie Brown here today. We were very pleased to see this bill come forward. As the

opposition, we brought in a private members' bill to ensure that this did move forward after having an excellent meeting with you and learning about the need for this to happen. So we very much support this.

Ms. Bayles: Thank you.

Hon. Theresa Oswald (Minister of Health): Yes, thank you very much for making your presentation and to all of those involved with the Heart and Stroke Foundation of Manitoba who have offered us all such good counsel and, of course, have maintained the voluntary registry and have enthusiastically volunteered to do so going forward when it's not voluntary anymore. We thank you for that.

And, although I think it is articulated very well in your presentation, I believe, based on how well you have taught all of us, that it bears repeating. There is some discussion from time to time about the presence of the AED and the need for training. Shouldn't we be training everybody up in the Legislative Building or everybody in the True North Centre up? And you have given us a very important message about that in past that—what would you say to those members of the media or people that are curious about—won't you just have to train a whole battalion of people before we do this?

Ms. Bayles: Science has shown us that anyone is able to use these AEDs. The AEDs are simplistic enough that you simply have to turn them on and follow the prompts that are there. Training is one thing we'll always recommend when it comes to, you know, certain individuals for certain procedures, but, as far as public access, it's not necessary for a trained individual to be trained in order to use these AEDs.

We've put them in front of grade 4 classrooms with absolutely no instruction, placed a mannequin on the ground and handed them an AED that they've never seen before. We've told them they have three minutes to get the AED on and be prepared to shock. We have never had a fail in that procedure. They've always been able to get the AED on and shock. So, if a fourth grade classroom can do it, anyone without *[inaudible]* training can also.

Ms. Oswald: Yes, from your lips to God's ears now. Really, thank you very much for your advocacy, your good education, and all the continuing great work that goes on at the Heart and Stroke Foundation of Manitoba.

Ms. Bayles: Thank you.

Mrs. Myrna Driedger (Charleswood): I just have a question. Having come out of the health-care background, do they use any of these in hospitals, the ones that you're talking about?

Ms. Bayles: Some of the hospitals have started to implement them, not as many as we'd obviously like to see, but, absolutely, they are slowly starting to make their way into some of the hospitals.

Mr. Chairperson: Any further comments or questions? Seeing none, thank you, Ms. Bayles, for coming out this evening and for your presentation.

Next presenter we have on Bill 20, The Defibrillator Public Access Act, is Chris Broughton, Manitoba Government and General Employees' Union, Local 911.

Mr. Broughton? Seeing Mr. Broughton is not here, his name will be dropped to the bottom of the list.

Bill 21—The Organ and Tissue Donation Awareness Day Act

Mr. Chairperson: Next bill we have for consideration and public presentations is Bill 21, The Organ and Tissue Donation Awareness Day Act.

First presenter we have listed is Dr. Brendan McCarthy, Transplant Manitoba.

Good evening, sir. Welcome. Just give us a few moments to distribute, then I'll give you the signal.

Please proceed, Dr. McCarthy, when you're ready.

Mr. Brendan McCarthy (Transplant Manitoba): Thank you, committee members, for allowing me the time to speak today regarding Bill 21, The Organ and Tissue Donation Awareness Day Act legislation. I'm speaking for Transplant Manitoba Gift of Life Program, whose mandate includes identification, consent, procurement and allocation of all potential organs within Manitoba. Importantly, Transplant Manitoba's mandate includes public education and awareness regarding organ donation related issues.

Organ and tissue donation has the ability to give potential organ transplant and tissue recipients a new life. Within the scope of organ transplantation alone, one donor has the ability to get two patients off of dialysis, up to two patients free of debilitating shortness of breath, one patient free of artificial heart support machines, and two potential patients free of debilitating liver disease. We can also potentially get somebody off of daily insulin injections and

somebody off of IV nutrition and be able to eat for themselves. In addition, through tissue donation, one donor can give another recipient the ability to see again, enable surgeons to help decrease severe joint-related pain and help others in needs of skin grafts and other problems. In all, one potential donor has the ability to dramatically help 50 other people. This is the potential of only one organ donor.

Worldwide, through advances in medicine and transplantation, more people are candidates to be organ and tissue recipients. This increase, combined with the low growth in the number of potential organ donors, has led to a growing disparity between the demand for organ donation and the supply of potential organs.

In 2010, there were 19 organ donors in Manitoba for approximately 15 organ donors per million population. This is exemplary rate of organ donation within Canada, and shows that Manitobans are willing to support organ donation. However, even with this exemplary rate of organ donation in 2010, there's room for improvement. There was a total of 201 patients from Manitoba awaiting either a kidney, liver, lung or heart transplant in 2010. Also, in 2010, 10 patients died while awaiting organ transplantation. Within Canada, in 2009, there were 250 patients who died while awaiting organ transplantation.

In addition, within our audit of Manitoba's organ donation rates, only 33 per cent of potential organ donors actually proceed and go ahead with organ donation. The reasons for this are multifaceted, but, clearly, lack of public awareness about organ donation processes and needs have led to this low conversion rate.

Clearly, organ donation needs outstrip the availability, and the desire to increase potential organ transplantation has led to the development of living-related and living-paired donor exchange programs in order to decrease the need for deceased organ donation. Also, the development of donation after cardiac death programs within Canada and the world has increased the potential organ donor population and, thus, increased organ transplantation.

Manitoba Health, in conjunction with Transplant Manitoba, has continued to strongly support organ and tissue donation. Within the last year, several initiatives have begun in order to increase organ and tissue donation. This has included the creation of a funded organ donor physician group with a mandate to improve the identification, consent and treatment

of potential organ donors through integration into the hospital system, audit of current practices, and education of the public and the medical community, importantly.

The creation of organ donor donate–donor specialists has been linked to the high rates of organ donation in Spain, which, in 2009, had 34.2 organ donors per million population.

Manitoba is the first province to proceed with a donor physician specialist role in Canada. And, recently, Manitoba Health has also proceeded with the funding for the creation of an Internet-based organ donor registry in order for people to express their wishes in a way that all physicians will have access to in the times of need. In other jurisdictions in the world, this is also believed to help increase organ donation rates.

Public education and awareness of organ donation is key to helping those Manitoba who are awaiting public–or, potential life-saving organ transplantation achieve their goal. Organ donation can be an awkward topic to discuss with family members, despite it being vitally important that one does. Removing the taboo of organ donation, allowing more transparent process to be exposed will help dispel potential misconceptions people have regarding organ donation. This includes concerns about how the organ donation process are performed and how organs are allocated and who they are allocated to.

* (18:40)

These are all important issues that Manitoba should have information about. Currently, Transplant Manitoba engages in a number of awareness initiatives such as advertising campaigns, public speaking engagements, information booths in public places, and working with the media to communicate to the public the value of organ donation, the process, and the many success stories and the importance of speaking to their family members about their organ donation wishes.

With increased public knowledge there'll be greater trust in the professionals involved in organ donation and the actual process. This trusts will hopefully translate into greater public discussion and hopefully, and most importantly, at the grassroots level such as at kitchen tables between loved ones.

The creation of The Organ and Tissue Donation Awareness Day Act will allow Manitoba to access more information regarding organ donation. This

new proposed legislation, albeit simple in design, has significance in nature because an increase in the number of organ donors by even one Manitoban—one Manitoban has the ability to affect many, many more lives.

I continue to urge everyone to sign their organ donor cards, ultimately sign up on the Internet-based registry we're developing, and most importantly, express their wishes to family members so that their wishes will be fulfilled. This gift of life will not be forgotten by the many Manitobans that will be helped.

Thank you.

Mr. Chairperson: Thank you, Dr. McCarthy, for your presentation.

Questions for the doctor?

Mrs. Myrna Driedger (Charleswood): Dr. McCarthy, one of the questions I have is related to countries that seem to have a, you know, a larger number of people making donations of organs and tissues. And I notice you mention in here Spain. Is that one of the top countries for achieving success or are there some others, too, that have some unique programs that could help move this along?

Mr. McCarthy: Every program—every country is different due to the fact that the way their medical system works is differently. Spain is, within the world, noted to have the highest organ donation rates at that 34.2 that I quoted. So people look towards Spain to see what they are doing in order to try and match and try and increase organ donation rates.

In looking at the Spanish system, things that seem to have strongly influenced what's gone on there was the implementation of organ donor physician specialists embedded in their hospital, and predominantly, a very strong education program of both medical professionals and the public and creating an environment positive towards donation as opposed to an environment where there's still questions and misunderstanding regarding organ donation.

So there are many different aspects with the Spanish system, but when people—when other countries, including ours, look at the Spanish system, that's one of the major things we see as improving their organ donation rates.

Mr. Chairperson: Any further comments or questions?

Hon. Theresa Oswald (Minister of Health): I don't have a question, but Dr. McCarthy, I want to say thank you to you for coming tonight and articulating these important points and, of course, on behalf of all Manitobans and their families, some of whom are very, very sick and need you to be doing the work that you are doing in the way that you are doing it, that is, compassionate and visionary.

So thank you again for your good counsel on this and for what you're doing every day. It really matters to us. Thanks.

Hon. Jon Gerrard (River Heights): Dr. McCarthy, thank you very much for coming and presenting. And your efforts on behalf of people in Manitoba in promoting organ donation and helping with the transplant program are certainly much appreciated. Thank you.

Mr. McCarthy: All I can say is sign your organ donor card and sign up and talk to your family members.

Mr. Chairperson: Good advice. Thank you very much for your presentation this evening for taking time out to appear before the committee.

Mr. McCarthy: Thank you very much.

Mr. Chairperson: Next presenter we have on the list for Bill 21 is the—Kristin Millar, private citizen. Kristin Millar?

Seeing that Kristin Millar is not here this evening, her name will be dropped to the bottom of the list.

Bill 42—The Caregiver Recognition Act

Mr. Chairperson: We'll now proceed with presentations on Bill No. 42, The Caregiver Recognition Act. And the first name we have on the list is Darell Hominuk, Multiple Sclerosis Society of Manitoba.

Good evening, sir, welcome. Do you have a written presentation? Just give us a moment to distribute, please.

Please proceed, Mr. Hominuk.

Mr. Darell Hominuk (Multiple Sclerosis Society of Manitoba): Thank you and for allowing me to present and—on Bill 42.

On behalf of the Manitoba division of the Multiple Sclerosis Society Canada, I wish to congratulate the Honourable Jim Rondeau, Minister of Healthy Living, Youth and Seniors, on the

introduction of The Caregiver Recognition Act, announced on May 26th.

Supporting caregivers and advocating for social improvements for caregivers are not new undertakings for the MS Society. The pursuit of caregiver support in Manitoba has been, and will continue to be, a top priority for the MS Society. This progressive change is a positive beginning, by the Manitoba government, in supporting the efforts of people providing long-term care for their loved ones. Voluntary caregivers have long been the invisible and unsung heroes within the Manitoba health-care system, and their efforts contribute to the functioning within that system. I believe that the new legislation will tell caregivers of persons living with multiple sclerosis and other chronic diseases and disabilities that members of the Legislature understand and support them as respected and valued contributors to society.

The legislation establishes Manitoba as the first province in Canada to offer such recognition to caregivers, and serves as a template for other provinces to follow. According to the Canadian Caregiver Coalition, an estimated three million Canadians are caregivers, providing care and assistance for their family members and friends who are ill, injured or have a disability. They prepare meals, do cleaning, transport and accompany loved ones to medical appointments, manage financial matters, and provide both personal and specialized medical care. Caregivers contribute more than \$5 billion of unpaid labour annually to the health-care system and save governments millions of dollars in annual costs for hospitalization, long-term institutional care and home care.

Looking specifically at issues related to multiple sclerosis, caregivers have an important role in enabling people with MS to remain in their homes and communities. MS provides particular challenges to those who develop it and their caregivers, since it is usually a disease of young adults. MS is a disease of the brain and spinal cord which often strikes between the ages of 15 and 40. The disease is often episodic in nature, especially in the first 10 to 15 years, when it is characterized by unpredictable relapses, also called attacks, followed by periods of remission. It can affect vision, co-ordination, balance and mobility, mood and cognition, and frequently causes severe fatigue. Over time, the disease becomes worse with fewer periods of remission. Often, the resulting disability becomes permanent.

The MS Society of Canada has conducted two major caregiver projects in the past five years. Key findings were that caregivers, most often spouses, are integral to the health and well-being of people affected with MS; that more than one-half of caregivers surveyed reported that caregiving has a negative effect on their own health; that caregivers reported significantly financial security concerns because of the direct and indirect caregiving-related costs they incurred; that caregivers rated highly, receiving external recognition, acknowledgement and appreciation of the caregiver role; and that caregivers reported they prefer to choose the service or activity they would meet their caregiving-related needs.

Another important finding reported by caregivers was the lack of information and resources in the community, making the navigation of the health-care system extremely frustrating and overly complex. They also said that greater collaboration is required among governments to ensure caregivers are able to find appropriate information about caregiving and health services. This is vital in a country with multiple levels of government.

Outside of this study, it is well referenced that providing care can have negative consequences for employment and, in some cases, lead to economic security and even poverty. According to Dr. Janet Fast, a researcher at the University of Alberta, up to 45 per cent of caregivers have reduced their hours of work, up to 29 per cent have missed a promotion, and up to 48 per cent had quit work because of caregiver responsibilities.

The key provisions of the new Caregiver Recognition Act addresses a number of these concerns, clearly demonstrating that this is an excellent next step in acknowledging the invaluable contributions of caregivers. The MS Society, federal, and the Manitoba governments have heard and recognize caregivers, and all have taken a lead role in developing strategies and supports for caregivers to show that they are acknowledged, respected and supported.

The MS Society recognizes the financial needs of caregivers. We developed and implemented a Caregiver Special Assistance Fund that provides a \$300 grant, once a year, to eligible primary caregivers. This fund provides for services, activities or items that contribute to a caregiver's emotional, spiritual, physical and/or social rejuvenation, thereby helping them to balance their lives and replenish

their reserves and resources needed to care for their family or—member or friend with MS.

Provincially, the MS Society has played an active and ongoing role in advocating on behalf of caregivers of Manitobans affected by MS. Through respectful persistence and communication with the Province, this led to a significant announcement in October 2008, and that would be the refundable Caregiver Tax Credit. Once again, Manitoba was the first province to introduce such a unique program. The tax credit recognizes the vital support that caregivers provide to someone in need. The MS Society was pleased that the government committed to providing financial support for families to help their loved ones. Fast-forward to today, we equally welcome the government's new initiative to increase the Caregiver Tax Credit by 25 per cent. Again, an effort that shows legislators understand and support the needs of caregivers in Manitoba.

*(18:50)

Federally, our division had worked collaboratively and diligently with the federal government to improve income-support programs for caregivers of persons living with MS. Through close collaboration with past MP Judy Wasylycia-Leis of Winnipeg North, our efforts were realized when she announced a private member's bill in April 2010 that would allow spouses to claim the federal Caregiver Tax Credit, an option that was not available at the time.

At the current time, the federal budget introduced a new Family Caregiver Tax Credit. This 15 per cent non-refundable credit in the amount of \$2,000 will provide tax relief to caregivers of all types of infirm dependent relatives, including, for the first time, spouses, common-law partners and minor children.

Once again, congratulations to Mr. Rondeau on this new and very important legislation that supports caregivers in Manitoba. The MS Society believes that Manitoba is capable of creating the conditions through which caregiving is not only possible, but celebrated and valued as core to the Manitoba social construct. We are pleased that the Manitoba government placed a spotlight on this important issue, which, for so many Manitobans, is a labour of love.

We offer our support and our assistance in the development of an overall caregiver strategy to be undertaken through a phased approach. We hope that

we can count on your continued interest and support for issues that affect the approximately 3,000 Manitobans living with MS.

Mr. Chairperson: Thank you very much, Mr. Hominuk, for your presentation.

Questions of the presenter from committee members?

Hon. Jim Rondeau (Minister of Healthy Living, Youth and Seniors): Thank you very, very much for a very well-thought-out presentation. And I just wondered whether you had any open recommendations on the committee that we're going to establish—we're going to establish an advisory committee—and whether you would be able to provide in the future some recommendations as to who or what group could sit on that committee.

Mr. Hominuk: Absolutely. We'd be pleased to provide assistance in that area, and we would be able to provide some recommendations. And, certainly, I would encourage that we appoint to that committee caregivers, as they would be the ones that would be able to provide the most valuable information.

Mr. Chairperson: Any further comments or questions? Seeing none, thank you very much, Mr. Hominuk, for your presentation, for coming out this evening.

Mr. Hominuk: Thank you.

Mr. Chairperson: Next presenter we have is Syva-Lee Wildenmann. Good evening, I hope I've pronounced your name correctly. I take it you have a written presentation. Just give us a moment and we'll distribute to committee members.

Please proceed when you're ready.

Ms. Syva-Lee Wildenmann (Rupert's Land Caregiver Services): Mr. Chairman, ministers, members of the committee, my name is Syva-Lee Wildenmann, and I am the director of Rupert's Land Caregiver Services. I want to start off by congratulating Minister Rondeau for bringing forward a bill that will increase awareness and recognition of Manitoba's family caregivers.

Rupert's Land Caregiver Services is a non-profit organization that provides services and programs to support family caregivers of older adults, and we are so grateful for the continued support that we have received from Minister Rondeau and the staff of the Department of Healthy Living, Youth and Seniors. I am proud of the work that we do at Rupert's Land,

but I even—I am even more proud of having had the opportunity to provide care to my own parents as they aged and began to face more and more serious health issues. Caring for my parents was, and is, a rewarding experience but also a difficult one with many obstacles and challenges.

Former American First Lady Rosalynn Carter once said, there are only four kinds of people in this world: those who have been caregivers; those who are currently caregivers; those who will be caregivers; and those who will need caregivers. So, keeping that thought in mind, it is important to note that a caregiver recognition act will benefit all Manitobans at some time in our lives. How can we go wrong when we create legislation to support the hard work of family members dedicated to providing care to their loved ones?

In my work with caregivers, I hear over and over again how people feel lost in the system. There are many wonderful programs out there, but what good do they do when people do not know they exist or do not know how to access them? Even the organization I work for is often an unknown entity for caregivers. It sometimes seems that no matter how hard we work to make people aware of the wonderful programs and services we provide, we continue to find out that people who are caregiving have no idea that our organization exists.

A website for caregivers would be a great start. It could serve as a portal for people who are feeling overwhelmed and don't know where to turn. We have many good programs in Manitoba to help caregivers. We need to let people know about them.

I am proud to live in a province that was the first to enact a Primary Caregiver Tax Credit. I completely support the government's raising this credit by 25 per cent. No credit can ever completely compensate caregivers for the work they do, but at least this tax credit provides some compensation and, perhaps, even more importantly, provides recognition to caregivers that the work they do and the sacrifices they make are noticed and are deserving of some type of compensation.

I fully support the establishment of a caregiver advisory committee that will provide information, advice and recommendations to the minister. We must turn to the people who are in the trenches if we are to truly understand and respond to their needs.

Recently, Rupert's Land Caregiver Services, along with several other partners, formed a Manitoba

Caregiver Coalition; over 45 organizations that are stakeholders in matters of concern to caregivers have banded together. It is our hope that the Manitoba Caregiver Coalition will be able to work together with the minister and with the caregiver advisory committee when it is formed.

Through my own experiences, and through my discussions with other caregivers, I know that one of the biggest challenges caregivers face is how they are treated and considered by the public, by health staff and in the workplace. Caregivers need to feel that they are part of the team when decisions are being made about the person they care for. Not only do caregivers need to be recognized as legitimate members of the care team, they must also be recognized as people who have their own needs separate from the needs of the person they care for.

Health-care providers must acknowledge and respect the fact that caregivers support the work that the professionals do. Let's stop for a moment and imagine what would happen if all of the informal and family caregivers stood up today and said: I'm not doing this any more. If every person living with a chronic medical condition had to have all of their care needs met by doctors, nurses and other professionals in hospitals and long-term care facilities and other institutions, I think it is fair to say that the entire health system would be in danger of collapse.

Health-care providers must also be aware of the needs of caregivers to make sure they stay healthy and able to continue providing care. I cannot tell you how many times I have heard about caregivers who become sick and even die before the person they care for. Sadly, I can report that it happened to my own family. My father cared for my mother in the early years of her journey with dementia.

Little did we know, what a toll it was taking on his own health. We were shocked when only 10 days after my mother moved into long-term care, my father was hospitalized for a month after suffering a major heart attack. It seems as if he needed to know that my mother was safe and being cared for before he could allow himself to be ill. He had become so frail and weak, that after he was discharged from the hospital he was unable to live on his own and had to move into my home with my family. His health continued to decline until he finally passed away one year after my mother moved into care. My mother, whom he cared for, is still living in an advanced

stage of dementia, but she still managed to outlive her caregiver.

It is also very important that we examine the impact that caregiving has on people who are in the workforce. In my own case, I was fortunate that because I work in an organization dedicated to the well-being of caregivers, there was a great deal of understanding of my needs as a caregiver. During the time my father lived with me, he was rushed into the hospital on several occasions. I spent many days and nights by his side in emergency wards and had to miss a great deal of work.

Not everyone has a workplace that is understanding and would be so tolerant of missed days. Caregivers need to know that their jobs are secure, even if they have to take time off and that their income is not negatively affected by the time they spend caregiving. Caregivers do not need the additional burden of worrying about job security and income, and they should not feel penalized because of a commitment they have made to care for family members.

Thank you for allowing me to express my support of The Caregiver Recognition Act. I truly believe that it is not only important that this legislation is passed, it is imperative.

As I said in the beginning, we will all be involved in caring for family members at some point in our lives. Caregivers are not them; caregivers are us. So, when considering this legislation, I ask you to please remember that you are doing it not for them, but for us, for you and for me, and for all Manitobans who will be touched by caregiving some time in our lives. Thank you.

* (19:00)

Mr. Chairperson: Thank you very much, Ms. Wildenmann, for your presentation.

Questions, comments from committee members?

Mr. Rondeau: Thank you very much for your presentation, your work in the community.

Just wondering again, will you provide a list of the people that—or organizations that you'd like to see on the advisory committee so that we can put them into consideration?

Ms. Wildenmann: Oh, absolutely we will. And, as I mentioned, the Caregiver Coalition, that's brand new and up and running. I mean, there's your wealth of people who are knowledgeable about caregiving.

You know, that's where you can reach out and find people to be on that committee.

Mr. Chairperson: Further comments, questions?

Hon. Theresa Oswald (Minister of Health): I just wanted to thank you for your presentation. It's beautifully written and I just think it's worth noticing that, from time to time, in these committees.

We hear a lot of information, but you can just know you from the presentation that you gave and the journey that you've been on. It's, you know, personal, but so thoughtful in how you presented it, that we would be foolhardy as a collective group not to tell you, you know, what a great story that was that you told us. So thank you.

Ms. Wildenmann: Thank you so much. Now you have a tear in my eye, but thank you.

Mr. Chairperson: Any further questions. Seeing none, thank you very much for your presentation and for coming out this evening.

Next, we have Nadine Konyk, private citizen, on Bill 42, The Caregiver Recognition Act.

Good evening, Ms. Konyk. Just give us a moment to distribute.

Okay, for information of committee members, this presentation was previously distributed to you before the start of the committee so you should have copies in front of you. And Ms. Konyk is going to make the presentation on behalf of the author of the document, I believe. Please proceed when you're ready.

Ms. Nadine Konyk (Private Citizen): My name is Nadine Konyk and I work with the MS Society of Canada, and I am also a member of the Manitoba Caregiver Coalition.

I am reading this submission for Wendy Sutton and will be unable to answer any questions on her behalf. Wendy begins with a caregiver's story.

In 2006, Wendy's mother began showing early signs of dementia. She wrote a letter to her mother's family doctor outlining her observations. Among them, her mom's inability to find a light switch in the apartment where she lived in for 30 years, confusing a tube of hand cream with a lipstick.

She let the doctor know that she would be accompanying her mom to her next appointment. During the appointment the doctor asked Mrs. B how her memory was. The 85-year-old replied, oh, it's

fine, I just forget a word or a name sometimes, but I remember it the next day. The doctor's response was, then we don't need to deal with this at this time.

Wendy was shocked. She was even more shocked to find that approximately one-third of caregivers she teaches have experienced resistance from their parent's family doctors. As caregivers, we see our parent's doctor as the logical first contact to getting an appropriate assessment of our elderly parents' needs: failing memory, difficulty living alone, poor judgment. Many doctors view these as social issues, not health issues, and therefore not within their expertise. We are stunned when the doctor fails to help us. We are lost. We have fallen into that void between the health system and social services.

In defence of family physicians, they work outside the social services system and do not have easy access to supports and resources for the frail elderly and their families. In fact, they are often no more knowledgeable about supports than the general public is.

How many of the honourable members present would know where to go if their parent's family doctor wouldn't or couldn't help. If you are told to phone GPAT, would you know what that was? Both caregivers and doctors are operating without easy access to Manitoba's excellent supports and resources. Our ignorance is expensive. Instead of finding solutions in the doctor's office or contacting the geriatric program assessment team, GPAT, or geriatric mental health, we practise costly crisis care.

Wendy's mother had a fall and ended up at Misericordia Urgent Care where she was finally referred to the appropriate services. Hospitals are expensive places to find solutions that are available in the community. For five years, Wendy and her mother have continued to run into roadblocks. They often found needed information after the fact, by sheer luck or as a result of an unavoidable medical crisis.

Out of frustration, Wendy started her own business, called, Where Next? Pathways to Eldercare, to provide classes for caregivers and a website of local caregiver resources. As a teacher, she believes that access to information is a vital and cost-effective support for caregivers. Of course, it is advantageous to keep seniors in their own homes as long as possible. However, the Aging in Place initiative is not sustainable without the ongoing

support of family caregivers, who provide 80 per cent of care to the elderly.

The need for access to user-friendly information and education goes hand in hand with recognition and respect for caregivers. One of the greatest needs of caregivers is training and access to information. Currently, most information seems to be disseminated through senior centres and resource councils, not to the 70 per cent of caregivers in the workforce. Almost three-quarters, or 73 per cent, of Manitobans providing care to seniors were between the ages of 45 and 64 years. That's taken from stats, *Statistics Canada, General Social Survey, 2007*.

The best sources of information should be family doctors and the workplace. Employee assistance programs and human resources departments rarely focus on elder care as a work-life balance issue, even though Statistics Canada tell us that the 65-and-overs will outnumber the 14-and-unders within 10 years. Since 20 to 25 per cent of our workforce over 45 are caregivers, programs in workplace are vital and would reduce absenteeism and lost productivity. The Met-Life study estimates that lost productivity due to caregiving obligations costs US businesses \$33 billion per year. Canadian losses are comparable.

I would like to congratulate Minister Rondeau and the staff of the Department of Healthy Living, Youth and Seniors for introducing this thoughtful and well-considered legislation. The Caregiver Recognition Act is a progressive step for Manitoba caregivers. I'd also like to recommend actions which would help to implement The Caregiver Recognition Act effectively.

I recommend that: (1) The Department of Health recognize and support caregivers by: supporting partnerships between doctors, patients, and family caregivers; improving communication between family doctors and social services by creating a central intake line for doctors to refer caregivers for support from different branches of social services; referring patients diagnosed with conditions such as dementia, that will require family care, to appropriate support organizations so that the burden of seeking out support is removed from patients and their caregivers.

(2) The Department of Labour and Immigration recognize and support caregivers by: establishing standards for treatment and support of caregivers in the workplace; developing orientation programs for

management to increase awareness of caregiving issues and improve support for caregivers in the workplace; working with human resources and employee assistance programs to establish appropriate support and access to information for caregivers in the workplace, and

(3) The Manitoba civil service become the model for recognition, respect and support for caregivers.

Respectfully submitted, Nadine Konyk, for Wendy Sutton, from Where's Next? Pathways to Eldercare. Thank you.

Mr. Chairperson: Thank you, Ms. Konyk, for making the presentation on behalf of Wendy Sutton.

Ms. Konyk: Thank you. My pleasure.

Mr. Chairperson: Appreciate it.

Mr. Rondeau: You can pass on to Wendy: Thank you for our meetings, and thank you for providing us guidance and the recommendations. They are very, very much appreciated, and her work in this effort and this area was very much appreciated.

Ms. Konyk: Thank you very much.

Mr. Chairperson: Other comments, questions for the presenter?

Seeing none, thank you for coming out this evening and for your presentation.

Bill 20—The Defibrillator Public Access Act (Continued)

Mr. Chairperson: Okay, we'll now move back to Bill 20, The Defibrillator Public Access Act, and call two names that were dropped to the bottom of the list. First name to be called is Alex Forrest, United Firefighters of Winnipeg. Alex Forrest.

Seeing that Mr. Forrest is not here this evening, his name will be struck from the list.

Next name to be called is Chris Broughton, the Manitoba Government and General Employees' Union, Local 911. Chris Broughton. Seeing that Chris Broughton is not with us this evening, his name will also be dropped from the list.

* (19:10)

**Bill 21—The Organ and Tissue Donation
Awareness Day Act**
(Continued)

Mr. Chairperson: Are there—we will now proceed with Bill 20. Second call for Kristin—Bill 21, The Organ and Tissue Donation Awareness Day Act. Kristin Millar, second call. Kristin Millar, private citizen. Kristin Millar's name having been called twice will be struck from the list.

That concludes the list of names for presentations on bills that I have before me.

Are there any other members in the audience this evening that wish to make a presentation on any of the bills before the committee?

Seeing none, is it the will of the committee to close public presentations? *[Agreed]*

In what order does the committee wish to proceed with clause by clause?

Hon. Dave Chomiak (Minister of Innovation, Energy and Mines): Yes, Mr. Chairperson, just on the indulgence of the committee, and someone who is—just arrived late and someone, fortunately, sat in for me and the person who is sitting in for me would like—has another commitment.

I wonder if it's possible, whatever order has been decided, and I—whether Bill 50 could be dealt with first, because it's just a straightforward amendment that I've got concurrence with from the opposition.

Mrs. Mavis Taillieu (Morris): Is there any change to the agreement that you have struck with the member from Brandon West?

Mr. Chomiak: No.

Mrs. Taillieu: Okay. Then we can proceed with that.

Mr. Chairperson: Okay. So is it the will of the committee, then, to start with clause-by-clause consideration of Bill 50 and then proceed in numerical order as listed on the paper before you? *[Agreed]*

Hon. Peter Bjornson (Minister of Entrepreneurship, Training and Trade): We have a different list actually. Sorry.

Hon. Theresa Oswald (Minister of Health): Sorry about that. We have now made the determination that Bill 50 will go first in the name of grouping things together after that. I would like to propose that we

proceed in this order: 24, 26, 42, 20, 21, 38. And, again, that's beginning with 50.

Mr. Chairperson: It's been suggested to this committee that we proceed with Bill 50, then Bill 24, Bill 26, Bill 42, Bill 20, Bill 21 and then Bill 38.

Is the committee agreed? Is that the will of the committee? *[Agreed]*

Thank you to members of the committee.

Committee Substitution

Mr. Chairperson: We have a substitution, Minister Chomiak for Minister Ashton.

* * *

Mr. Chairperson: I'll have to repeat that for folks, sorry.

During the consideration of a bill, the table of contents, the preamble, the enacting clause and the title are postponed until all other clauses have been considered in their proper order.

Also, if there's agreement by the committee that the chair will call clauses in blocks that conform to pages, with the understanding that I will stop at any particular point at clauses, or clauses indicated where members may have comments, questions or amendments to propose.

Is that agreed? *[Agreed]*

**Bill 50—The Thompson Nickel Belt
Sustainability Act**

Mr. Chairperson: We'll now proceed with clause-by-clause consideration of Bill 50, The Thompson Nickel Belt Sustainability Act.

Does the minister responsible for Bill 50 have an opening statement?

Hon. Dave Chomiak (Minister of Innovation, Energy and Mines): Yes, thank you, Mr. Chairperson. I want to thank the members of the committee and the House leader for the opposition, as well as the opposition critic, for discussions with him this afternoon, whereby we agreed that, in fact, the government would remove some clauses for this—from this legislation by, essentially, voting against them.

So that those sections just to—so the committee knows will be sections 2, 3 and 4. There are some administrative matters of amendment that's been

brought to my attention by legal counsel that I'm not just going to touch. And we can deal with them—we can deal with it at supplemental law or whatever, if necessary. But I had agreement to eliminate sections 2, 3 and 4 under the act. So that's what I'd like to do today.

Mrs. Mavis Taillieu (Morris): Are you suggesting you're bringing in an amendment now other than—over and above this tonight, or later on third reading?

Mr. Chomiak: No, there'll be no amendments other than these. I was saying there may be a need for administrative law changes when the acts—all the acts can be reviewed on a yearly basis because of numbers and things like that. But, in order to live up to the commitment I made, I'm just going to remove the clauses that I'd indicated to the opposition critic on this.

Mr. Chairperson: Thank the honourable minister for the opening statement.

Does the critic for the official opposition have opening statement?

Mrs. Taillieu: And just in conversation today with the member from Brandon West, I do understand that clause—there has been an agreement that clauses 2, 3, and 4 inclusive would be removed from this act, and so I look forward to all of the members of the committee voting against that and living up to the commitment that was made earlier today.

Mr. Chairperson: Thank the critic for the official opposition for the opening statement.

We'll now proceed with clause-by-clause consideration of Bill 50.

Clause 1—pass.

Shall clause 2 pass?

An Honourable Member: No.

Mr. Chairperson: Chair hears a no.

Voice Vote

Mr. Chairperson: All those in favour of clause 2 passing, indicate by saying aye.

All those opposed, please signify by saying nay.

Some Honourable Members: Nay.

Mr. Chairperson: In the opinion of the Chair, the Nays have it.

The clause is not passed.

* * *

Mr. Chairperson: Shall clause 3 pass?

Some Honourable Members: No.

Voice Vote

Mr. Chairperson: All those opposed to—all those in favour of clause 3 passing, please signify by saying aye.

All those opposed to clause 3 passing, signify by saying nay.

Some Honourable Members: Nay.

Mr. Chairperson: Clause 3 is accordingly defeated.

* * *

Mr. Chairperson: Shall clause 4 pass?

Some Honourable Members: No.

Voice Vote

Mr. Chairperson: All those in favour of clause 4 passing, please signify by saying aye.

All those opposed to clause 4 passing, please signify by saying nay.

Some Honourable Members: Nay.

Mr. Chairperson: Clause 4 is accordingly defeated.

* * *

Mr. Chairperson: Clause 5—pass; clauses 6 through 9—pass; clause 10—pass; clauses 11 through 16—pass; clauses 17 through 20—pass.

Shall the table of contents pass?

Mrs. Taillieu: Would that be as amended to take out sections 2, 3, and 4?

Mr. Chairperson: Advice received from Leg Counsel indicates that the bill clauses that have been passed would be renumbered, as would the table of contents of the bill to reflect the will of this committee. Is that agreed? *[Agreed]*

Table of contents—pass.

Shall the preamble pass?

Mrs. Taillieu: Well, in the—are you—is that the explanatory note you're speaking of?

Mr. Chairperson: Ms. Taillieu, did you have further comments? You're okay?

Preamble—pass; enacting clause—pass; title—pass.

Shall the bill—

* (19:20)

Mrs. Taillieu: Yes, I'm just seeking clarification. In the explanatory note, there is a clause that really, I think, relates to the sections that were being removed.

Mr. Chairperson: Advice received from Leg Counsel indicates that the explanatory note does not form part of the bill itself and is not—will not be included in the act itself. It's for information of members dealing with this bill itself.

Mrs. Taillieu: Okay. Thanks for the clarification.

Mr. Chairperson: Shall the bill as amended be reported? *[Agreed]*

The bill shall be reported as amended.

That concludes Bill 50, clause-by-clause consideration.

Thanks to the minister and committee members for your work.

Bill 24—The Innovation Funding Act

Mr. Chairperson: We'll now proceed with clause-by-clause consideration of Bill 24, The Innovation Funding Act.

Does the minister responsible for Bill 24 have an opening statement?

Hon. Peter Bjornson (Minister of Entrepreneurship, Training and Trade): Yes, thank you, Mr. Chairperson,

I'd like to start by thanking the Innovation Council, who has been involved in a year-and-a-half consultation process, and the Premier's Economic Advisory Council for the very important contributions that they've made for the development of the Commercialization Support for Business Program.

And the bill that we're talking about here tonight will set out the purpose of the new program, provide provisions for the appointment of an advisory committee and their terms of reference. And business support agreements or grants will be made under the new program by mutual agreement of the Province.

An applicant may require the repayment of all or part of any financial support. This bill enables government to capture repayment of financial assistance provided under the Commercialization Support for Business Program. And we believe that—

pardon me, and it will be credited to an innovation trust account, dedicated funds in that account supporting Manitoba's entrepreneurs in their future innovative activities. And we believe that this provides a level of risk and benefit sharing, and an opportunity for successful ventures to help support the future of Manitoba entrepreneurs.

So I look forward to the passage of this legislation by the committee.

Mr. Chairperson: We thank the honourable minister for the opening statement.

Does the critic for the official opposition have an opening statement? Seeing none, we'll now proceed with clause-by-clause consideration of Bill 24, The Innovation Funding Act.

Clause 1—pass; clauses 2 and 3—pass; clauses 4 and 5—pass; clauses 6 through 8—pass; table of contents—pass; enacting clause—pass; title—pass. Bill be reported.

Thank you to members, the committee and the minister for your work on Bill 24.

Bill 26—The Université de Saint-Boniface Act

Mr. Chairperson: We'll now proceed with clause-by-clause consideration of Bill 26, The Université de Saint-Boniface Act.

Does the minister responsible for Bill 26 have an opening statement?

Hon. Erin Selby (Minister of Advanced Education and Literacy): Yes. Thank you very much, Mr. Chair.

I am pleased to have had the honour of introducing this bill to the House, and it gives me an opportunity once again to thank everyone at the CUSB: faculty, administration, présidente, student, and as well the members of the francophone community in Manitoba for all their support and input into this important legislation.

The dream of being a université has been a long-standing goal for CUSB, and we'll have to get into the habit of not calling it the collège from now on. And, once again, I'm just very pleased to have been able to work with the community on this historic legislation. Merci.

Mr. Chairperson: Thank the honourable minister for the opening statement.

Does the critic for the official opposition have an opening statement?

Mrs. Mavis Taillieu (Morris): Thank you very much, Mr. Chair, and we are pleased to support this bill. I think it's important for the francophone community in St. Boniface and for Manitoba.

And I think that the bill has been brought forward by the collège—the université, I should say now—and so we are happy to support it.

Mr. Chairperson: We'll now proceed with clause-by-clause consideration of Bill 26.

Clauses 1 through 3—pass; clauses 4 and 5—pass; clauses 6 and 7—pass; clauses 8 and 9—pass; clauses 10 through 13—pass; clauses 14 and 15—pass; clauses 16 through 18—pass; clauses 19 through 23—pass; clause 24—pass; clauses 25 through 28—pass; clauses 29 and 30—pass; clauses 31 through 33—pass; clauses 34 and 35—pass; clauses 36 through 41—pass; clauses 42 through 45—pass; clauses 46 through 49—pass; clauses 50 through 52—pass; table of contents—pass; preamble—pass; enacting clause—pass; title—pass. Bill be reported.

Thank you to the minister and to committee members for your work on Bill 26.

Bill 42—The Caregiver Recognition Act

Mr. Chairperson: We'll now proceed with Bill 42, The Caregiver Recognition Act.

Does the minister responsible for Bill 42 have an opening statement?

Hon. Jim Rondeau (Minister of Healthy Living, Youth and Seniors): I think the presentations we heard tonight talk about the need for the bill and the parts of the bill. I think it's very important to note that we're going to have an advisory council. We're going to recognize caregivers. That's a part of the act. We also want to make sure that we have a report every two years to the Legislature to see how our support of this important issue moves forward. And, finally, I think what is really, really important is to have a long-term policy where we work together to help support this very, very important group. It's important not only to the individuals but I think it's really important to note their contribution to society, and I am really happy to present this bill. And I think the department did an absolutely admirable job of moving this forward.

Mr. Chairperson: I thank the honourable minister for the opening statement.

Does the critic for the official opposition have an opening statement?

Mrs. Leanne Rowat (Minnedosa): I too want to thank the people that had made their presentations this evening. All three of them were very well done and shared their vision for the future of The Caregiver Recognition Act and how they would like to play a role in ensuring that this act actually does provide what it says it will, and that is support the caregivers in Manitoba and the work that they do.

I look forward to continuing to work on behalf of individuals such as the standing—or the caregivers groups that have presented here tonight and the recommendations that they've put forward to make this recognition act more effective. Thank you.

Mr. Chairperson: I thank the critic for the official opposition for the opening statement.

We will now proceed with clause-by-clause consideration of Bill 42.

Clause 1—pass; clause 2—pass; clauses 3 through 8—pass; clauses 9 and 10—pass; clauses 11 through 13—pass; clauses 14 and 15—pass; schedule—pass; table of contents—pass; preamble—pass; enacting clause—pass; title—pass. Bill be reported.

Thank you to members of the committee for your work on Bill 42 and to the minister.

* (19:30)

Bill 20—The Defibrillator Public Access Act

Mr. Chairperson: We'll now proceed with Bill 20, The Defibrillator Public Access Act.

Does the minister responsible for Bill 20 have an opening statement?

Hon. Theresa Oswald (Minister of Health): I just want to acknowledge the many professionals and advocates that have provided good counselling in the development of this legislation. It really did transform from its original intent because of the good counsel. We think that it is comprehensive in nature, and we look forward to its speedy passage.

Mr. Chairperson: I thank the honourable minister for the opening statement.

Does the critic for the official opposition have an opening statement?

Mrs. Leanne Rowat (Minnedosa): I, too, would like to thank the different organizations and individuals, actually, who have come forward with their advocacy to ensure that AEDs do become commonplace in public buildings. This bill will be a major step forward in helping to save the lives of

many Manitobans, and I believe that by us presenting a private member's bill, it just showed in good faith that we all, all 57 members of the House, supported and wanted to see this bill come forward. Thank you.

Mr. Chairperson: We thank the critic for the official opposition for the opening statement.

We'll now proceed with clause-by-clause consideration of Bill 20.

Clause 1—pass; clauses 2 through 6—pass; clauses 7 through 10—pass; clauses 11 and 12—pass; clauses 13 and 14—pass; clause 15—pass; clauses 16 through 18—pass; clauses 19 and 20—pass; clauses 21 and 22—pass; table of contents—pass; enacting clause—pass; title—pass. Bill be reported.

Thank you to the minister and the committee members for your work on Bill 20.

Bill 21—The Organ and Tissue Donation Awareness Day Act

Mr. Chairperson: We'll now proceed with clause-by-clause consideration of Bill 21, The Organ and Tissue Donation Awareness Day Act.

Does the minister responsible for Bill 21 have an opening statement?

Hon. Theresa Oswald (Minister of Health): Sign your donor card and talk it over with your family.

Mr. Chairperson: I thank the minister for the opening statement.

Does the critic for the official opposition have an opening statement? Ditto?

Mrs. Myrna Driedger (Charleswood): Ditto.

Mr. Chairperson: I thank the critic for the official opposition for the opening statement.

We'll now proceed with clause-by-clause consideration of Bill 21.

Clauses 1 and 2—pass; clause 3—pass; preamble—pass; enacting clause—pass; title—pass. Bill be reported.

Thank you to the minister and for the committee members for your work on Bill 21.

Bill 38—The Regional Health Authorities Amendment Act (Accountability and Transparency)

Mr. Chairperson: And we'll now proceed with Bill 38, The Regional Health Authorities Amendment Act (Accountability and Transparency).

Does the minister responsible for Bill 38 have an opening statement?

Hon. Theresa Oswald (Minister of Health): This act is the—and the amendments thereto is the culmination of plenty of work by a lot of people that have a common, shared goal to improve patient care wherever possible and ensure that our regional health authorities continue to work on issues of accountability, on issues of transparency, and on issues concerning outreach to the patients and the families that they serve. And we look forward to the passage of this bill in that regard.

Mr. Chairperson: I thank the honourable minister for the opening statement.

Does the critic for the official opposition have an opening statement?

Mrs. Myrna Driedger (Charleswood): I have a few comments to make on it, but I don't think this one will be as amenable as the last one because I think this legislation is nothing but pre-election window dressing. I think it's showing the government converting on the road to an election. They've ignored these issues for almost 12 years. Half of the content in this legislation is taken from private member's bills that I put forward in the fall, and the government has really done very little in terms of moving forward towards enhancing accountability and transparency in our regional health authorities.

They've ignored corporate admin costs for this whole length of time and done very little about it. And, in fact, we've seen corporate admin costs soar under this government. So, on the eve of an election, to all of a sudden clamp down just seems like window dressing, really.

The process for resolving patient concerns, I would have thought that would have been more developed than what it has been over these past 12 years. I'm actually really surprised to see it being put into this legislation at this point. That should have been the genesis for a lot of, you know, a lot of the challenges in dealing with patient complaints. I know I'm certainly hearing, you know, from a number of people that are quite concerned about the process, and, again, it's taken 12 years for something to be done about it.

So, really, I think this bill should be called the conversion-on-the-road-to-an-election bill, and it is nothing but pre-election window dressing. So, you know, I know the government's going to pass it, but so be it, but just to let, you know, let everybody

know that it's certainly something that I don't think they're fooling anybody out there, whether it's doctors, nurses, patients, families, anybody, that all of a sudden, you know, 12 years after doing nothing with some of this, that, all of a sudden, they're going to change direction is a—something I don't think they're going to be able to sell that well.

Mr. Chairperson: I thank the critic for the official opposition for the opening statement.

We'll now proceed with clause-by-clause consideration of Bill 38.

Clauses 1 and 2—pass; clauses 3 and 4—pass; clause 5—pass; clauses 6 through 8—pass; clauses 9 and 10—pass; clause 11—pass; enacting clause—pass; title—pass. Bill be reported.

Thank you to the minister and to members of the committee once again for your work on Bill 38.

That concludes the bills for consideration before this committee. It's—the hour being 7:38 p.m., what's the will of the committee?

Some Honourable Members: Committee rise.

Mr. Chairperson: Committee rise? Thank you, committee members, for your work this evening.

COMMITTEE ROSE AT: 7:38 p.m.

**WRITTEN SUBMISSIONS PRESENTED
BUT NOT READ**

June 9, 2011

To: Standing Committee on Human Resources

Re: Bill 20 – The Defibrillator Public Access Act

The Paramedic Association of Manitoba is pleased to speak in support of Bill 20 THE DEFIBRILLATOR PUBLIC ACCESS ACT.

Early defibrillation is a major contributor to the survival of victims of sudden cardiac arrest.

The Paramedic Association of Manitoba supports efforts to provide prompt public defibrillation to victims of cardiac arrest. Publically accessible defibrillators are one of the most promising methods for achieving rapid defibrillation. Accessibility of these devices to community bystanders is the next step in strengthening the chain of survival. We believe the Defibrillator Public Access Act will result in considerable societal change and will succeed in improving emergency cardiac survival.

The efficacy of defibrillation is directly tied to how quickly it is administered. The sooner the defibrillator is utilized, the more likely it is that it will be effective and that a patient will have a normal heart beat restored and fully recover. The presence of defibrillators in public buildings offers public bystanders the opportunity to quickly respond to, and treat, a cardiac arrest patient in a time frame unattainable by conventional Emergency Medical Services.

Bill 20 is an important next step to yield the lifesaving potential of public access defibrillation.

Sincerely,
Ms. Jodi Possia
Chair

* * *

Re: Bill 26

Submission of Edward H. Lipsett, B.A., LL.B. re Bill 26 The Universite de Saint- Boniface Act:

s.27 reads:

"Language

27(1) The working language of the University shall be French.

"Examinations

27(2) An examination for a degree, certificate or diploma to be conferred by the university must be answered by the candidate in the French language, unless otherwise approved by the senate."

Certainly I have no problems with s. 27(1), and indeed I support that subsection as well the purposes of the University to "support and enhance" the francophone community and the French language as articulated in the preamble and s.3. However, requiring candidates to take examinations in the French language could be problematic for several reasons. It might even raise Human Rights Code concerns as having a discriminatory impact on individuals on those whose first language is not French and/or are suffering from certain forms of disability. (Although the senate would undoubtedly be able to provide exceptions as "reasonable accomodation" when necessary, and the "paramountcy" provision in s. 57 of the Human Rights Code would probably apply if there was indeed a conflict.) Furthermore, requiring a student to take all examinations in French could be counterproductive to the purposes of the University to enhance the French language and francophone

community under certain circumstances. A student with some knowledge of French, but whose first language is English or another language, may wish to pursue University studies in French, all other factors being equal. However, such student might actually be deterred from doing so if he/she believed that taking exams in French would put himself or herself at a disadvantage. Note that s. 64 of the University of Manitoba Act and s.33 of the University of Winnipeg Act expressly give the candidate the choice of using either the English or French language in exams.

s.28 reads:

"Protection from liability

28(1) No action or proceeding may be brought against the university, the board, the senate or any member of the board or senate or any officer or employee of the university for anything done, or omitted to be done, in good faith, in the exercise or intended exercise of a power or duty under this Act.

No liability for actions of students

28(2) No action or proceeding may be brought against the university, the board, the senate or any member of the board or senate or any officer or employee of the university for any act or omission of any of them with respect to any activity of a student, or by reason of any act or omission of a student."

It seems that s.28(1) goes too far in protection of the university from liability. Although it is certainly desirable and necessary to protect the individuals from liability in their personal capacity

for their good faith actions or omissions, giving such protection to the university as an institution could be problematic. It is conceivable (though highly unlikely), that this provision could shield the university from judicial review. However, it is more likely that this provision could protect the university from damages should its actions be ultra vires, or even from other tort actions such as defamation, violation of privacy or negligence. Such a scenario would be most unfair to the victim.

It also seems that the protection under s.28(2) might go too far in protecting the university (as distinguished from the individuals referred to).

Sometimes students act "under the direction" of the university. Sometimes a university delegates specific functions to students or student associations, such as allocating space or privileges to groups, or volunteering to assist other students. Sometimes a university (or indeed any institution) is under a statutory duty to attempt to prevent or terminate certain behaviour by those under its jurisdiction, including students (see s. 19 of the Human Rights Code re "harassment", although that Code may well prevail over this section by operation of its "paramountcy" provision, s. 57.) For less far-reaching immunity provisions, see s.65 and s.66 of the University of Manitoba Act, and s. 34 of the University of Winnipeg Act.

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